

**PREMIUM CONVERSION WAIVER/ELECTION FORM**  
**FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (FEHB)**

**PRIVACY ACT STATEMENT:** This information is collected under 5 C.F.R, section 892, and will be used to process your decision to waive or restore the pre-tax treatment of your FEHB premiums. This information may also be used pursuant to routine uses promulgated by OPM under 5 U.S.C., section 552a(b)(3). Completion of this form is voluntary. However, if this information is not provided, we will be unable to process your waiver or restoration of premium conversion.

**NOTE:** This form is used to elect or waive pre-tax treatment of employee premium contributions to the FEHB Program. Pre-tax treatment is automatic. You do not need to complete this form unless you elect not to have your FEHB premium contributions deducted on a pre-tax basis, or you previously waived this benefit and now elect to participate.

**I - PARTICIPANT INFORMATION**

LAST NAME	FIRST NAME	M. I.	SOCIAL SECURITY NO.	STATION NO.
AGENCY NAME		AGENCY ADDRESS		OFFICE PHONE NO.
Department of Veterans Affairs				

**II - ELECTION TO WAIVE PARTICIPATION IN PREMIUM CONVERSION**

I elect to waive participation in premium conversion and the pre-tax treatment of my FEHB premiums. I would like to have my FEHB premium contributions deducted from my pay on an after-tax-basis.

- ☐ THIS IS MY INITIAL OPPORTUNITY TO WAIVE PARTICIPATION IN PREMIUM CONVERSION
- ☐ I AM MAKING THIS ELECTION TO WAIVE PARTICIPATION DURING FEHB OPEN SEASON
- ☐ I WISH TO WAIVE PARTICIPATION IN PREMIUM CONVERSION ON ACCOUNT OF AND IN ACCORDANCE WITH A QUALIFYING LIFE EVENT

SIGNATURE OF PARTICIPANT	DATE

**III - ELECTION TO RESTORE PARTICIPATION IN PREMIUM CONVERSION**

I elect to have my FEHB premiums deducted from my pay on a pre-tax basis. I understand that I may only change my FEHB premium deductions to an after-tax basis during a subsequent Open Season or upon a Qualifying Life Event. See instructions for acceptable events.

- ☐ I AM MAKING THIS ELECTION TO PARTICIPATE DURING THE FEHB OPEN SEASON
- ☐ I WISH TO PARTICIPATE IN PREMIUM CONVERSION ON ACCOUNT OF AND IN ACCORDANCE WITH A QUALIFYING LIFE EVENT

SIGNATURE OF PARTICIPANT	DATE

**IV - TO BE COMPLETED BY THE SHARED SERVICE CENTER**

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	EFFECTIVE DATE (Month, day, year)	SIGNATURE OF AUTHORIZED AGENCY OFFICIAL	DATE

RESERVED